



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276)676-5423

FOR OFFICE USE ONLY:

Operations Name: _____
Application Number: _____

APPLICATION FOR A NEW PERMIT, PERMIT MODIFICATION, OR TRANSFER OF PERMIT RIGHTS

Application Information:

Name: _____

Address: _____

Telephone Number: _____

Designated Agent: _____

Type Of Application: (Please write in permit number.)

☐ New Permit ☐ Permit Modification ☐ Transfer of Permit Rights

Permit Number _____

Type Of Operation:

☐ Gas or Oil Well ☐ Waste Disposal Injection Well ☐ Plugging
☐ Enhanced Recovery Injection Well ☐ Underground Storage Injection Well ☐ Deepening
☐ Coalbed Methane Gas Well ☐ Corehole/Other Geophysical Operation ☐ Reworking
☐ Conversion of VVH Hole to CBM Well ☐ Associated Facility ☐ Pipeline

Operator's Bond Information:

☐ Single Well Bond – Bond Number _____
☐ New Blanket Bond - Bond Number _____
☐ Verify Previously Submitted Blanket Bond - Bond Number _____ No. of Wells Covered _____

Has A Unit Been Established Under Article 2? ☐ Yes ☐ No

(If yes, submit a unit map showing the unit boundaries and the distance from the well to the boundary.)

List All Board Orders Relative To The Operation By Docket Number:

(include field orders, pooling orders and location exceptions)

VGOB: _____ VGOB: _____ VGOB: _____ VGOB: _____

Applicant Certification:

I _____ representing _____
Name (Please Print) Applicant (Please Print)

certify that all persons required to be notified under Section 45.1-361.30 of the Code of Virginia have been notified. Proof of notice is included as a part of this application. In the case of an application for a Permit, Permit Modification, or an application under 4 VAC 25-150-80, I hereby state that the Applicant named above has the right to conduct operations as set forth in the application and operations plan.

(Signature of Certifying Individual)

(Title of Certifying Individual - Please Print)

(Date)

Verification By Notary Public:

In the state of _____ County of _____ on the

day of _____ , _____ , before me, a Notary Public for the aforementioned
(month) (year)

county and state, appeared _____ who, being duly sworn, did say that he is
_____ of _____ the applicant in the

foregoing application, that he executed the same on behalf of the applicant and was authorized to do so, and that the information set forth herein is true and correct to the best of his knowledge.

Notary Public

My Commission Expires: _____